

**BY ORDER OF THE COMMANDER
71ST FLYING TRAINING WING (AETC)**

**VANCE AIR FORCE BASE INSTRUCTION
48-103**



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Aerospace Medicine

**OCCUPATIONAL AND ENVIRONMENTAL
HEALTH PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction establishes procedures to govern implementation of medical support requirements of the *Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program* (AFI 91-301) throughout the Air Force at home station and during deployed operations. It applies to all Air Force personnel (at classified and unclassified locations). This instruction does not apply to employees working under government contract or private contractors performing work under government contracts. Contractors are solely responsible for compliance with Occupational Safety and Health Administration (OSHA) standards and the protection of their employees unless otherwise specified in their contract. This AFI does not prohibit providing workplace sampling and survey information to contractors based on local arrangements. This instruction requires collecting and maintaining information protected by the *Privacy Act of 1974* authorized by 10 U.S.C. 55, 10 U.S.C. 8013, 29 CFR 1960, and E.O. 9397. System of records notice F044 AF SG E, *Medical Records System*, applies. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and are disposed of in accordance with the Air Force Records Information Management System (AFRIMS) Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afrims/afrims/afrims/rims.cfm>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change to Publication*; route AF Form 847 from the field through the Vance AFB Publications and Forms Manager. (AF Form 847 is prescribed in AFI 11-215, *USAF Flight Manuals Program [FMP]*. Refer to that publication for guidance on filling out the form.)

SUMMARY OF CHANGES

Updated Respiratory Protection Program Teams (Attachment 1) and signature block.

1. General: The occupational and environmental health medical examination (OEHME) is not a complete health examination. Affected workers will receive only those tests required to detect possible harmful effects caused by known hazards in the work environment. For example, an audiogram (hearing test) is required for workers exposed to hazardous noise to detect loss of hearing.

2. Definition of Terms for OEHME:

2.1. Industrial and Potentially Hazardous Areas: An occupational area identified by periodic survey data as having a possible health threat, such as noise, fumes, etc. These areas are listed in Attachment 1.

2.2. Baseline Examination (Pre-placement): Baseline examinations are performed before commencement of a specific job to assess an employee's ability to perform the job capably and safely from a medical perspective. If the individual has already started work, these examinations will be completed within 60 days of assignment unless more stringent requirements exist.

2.3. Periodic Examination: Periodic OEHME are accomplished to identify changes in health status and may include medical monitoring to detect evidence of unacceptable exposure including biological changes indicative of an OEH-related illness or injury.

2.4. Examination at Termination of Exposure: An OEHME is accomplished upon termination of exposure such as Permanent Change of Station (PCS), separation, retirement, or transfer to another workplace; if the person is continuing in the same job at the next assignment, a termination examination may not be necessary.

2.5. Out-of-Cycle: An occupational examination given for suspected, accidental exposure, or before/after performing special operations.

3. Responsibilities:

3.1. Force Health Management (FHM) will:

3.1.1. Work with supervisors, designated unit representatives or individual employees to schedule appointments.

3.1.2. Coordinate with supervisors to maximize completion rates and to minimize impact on mission where possible.

3.1.3. Validate personnel assignments.

3.1.4. Track completion and maintain records of show/cancellation rates for clinical surveillance. Air Force Air Reserve Components' installations OEHME scheduling, reporting, and follow-up is accomplished by the Reserve Medical Unit.

3.1.5. Communicate results of the OEHME to the worker within timeframes established by the AF and/or regulatory requirements.

3.1.6. Schedule any required follow-ups and monitor until completion.

3.1.7. Conduct OEHME and document all results in the respective member's medical record.

3.2. Public Health (PH) will:

3.2.1. Accomplish all audiograms as part of the occupational health program. After exam is completed, PH will enter data into the Personnel Individual Medical Readiness (PIMR) database. PH will then educate patient on hearing conservation and follow-up process as needed. Audiogram forms (DD Form 2215, *Reference Audiogram/2216, Hearing Conservation Data*) are given to patient to take to a Flight Surgeon for review, validation of result, and signature. For tracking purposes, Flight Medicine will ensure PH is notified if the patient requires further evaluation. Results from audiologist visits will be forwarded to PH along with dispositions given by Chief, Aeromedical Services (SGP). Submission of AF Form 2096, *Classification/On-the-Job Training Action*, is required if worker is removed from a potentially hazardous duty due to medical findings.

3.2.2. Notify member's supervisor of his/her OEHME status (i.e., completion of, a need for a follow-up and/or further evaluation).

3.2.3. Ensure quality control of all OEHME results.

3.2.4. Monitor results of OEHME as well as other health information to determine trends within workplaces.

3.2.5. Provide occupational and environmental health education and protective device training to employees working in designated occupational health risk areas.

3.2.6. Brief occupational health exam compliance rate and any adverse trends to the base Air Force Occupational and Environmental Safety, Fire Protection and Health (AFOSH).

3.3. Bioenvironmental Engineering (BE) will:

3.3.1. Conduct surveys of all industrial and potentially hazardous areas (where active duty military or DoD civilian employees work) to determine adequacy of control procedures and recommend preventive or precautionary measures to minimize exposure.

3.3.2. Conduct special surveys of operations or work areas when the examining physician feels the working environment is a factor contributing to a patient's condition.

3.3.3. Designate work areas and occupations that are in a potentially hazardous area and inform the respective commander and PH.

3.3.4. Maintain case files on industrial areas.

3.3.5. Assist shop supervisors in maintaining current inventories of hazardous chemicals as required by the Federal Hazard Communications Training Program.

3.4. Wing/Base Ground Safety:

3.4.1. Documents and reports OSHA Reportable occupational illnesses on the OSHA Form 300, *Log of Work-Related Injuries and Illnesses*, or electronic equivalent.

3.4.2. Works with Team Aerospace personnel to ensure installation complies with applicable regulatory and policy requirements.

3.5. Workplace Unit Commander will:

3.5.1. Ensure compliance with all OEH program requirements and ensures employees report for all scheduled OEHMEs.

3.6. Workplace Supervisors will:

3.6.1. Ensure required OEH hazard controls are implemented and functioning correctly, and personal protective equipment is available and used correctly in the workplace; instruct personnel on care/hygiene of their personal protective equipment.

3.6.2. Ensure workplace complies with applicable OEH regulatory and policy requirements.

3.6.3. Inform BE if a change to workplace equipment or practices and procedures may impact exposure to OEH hazards.

3.6.4. Conduct workplace-specific OEH hazard training, per regulatory or policy requirements; document training in accordance with AFI 91-301, *Air Force Occupational and Environmental Safety, Fire Protection and Health (AFOSH) Program*.

3.6.5. Consult with appropriate subject matter experts to ensure OEH hazard training meets or exceeds minimum requirements.

3.6.6. Ensure baseline examinations are performed before commencement of a specific job to assess an employee's ability to perform the job capably and safely from a medical perspective.

3.6.7. Ensure personnel requiring OEHMEs attend scheduled medical appointments.

3.6.8. Maintain accurate rosters of personnel assigned to the workplace; provide updates to Team Aerospace personnel upon request. Ensure personnel movements between workplaces are updated in MILPDS and civilian personnel systems.

3.6.9. Ensure PH is informed promptly about each job-related illness or injury.

3.6.10. Supports the OEH hazard identification and risk assessment process by ensuring active engagement of personnel with OEH professionals evaluating the workplace.

3.7. Employees will:

3.7.1. Comply with OEH program requirements, including training and the proper use of personal protective equipment.

3.7.2. Report on time for scheduled OEHME appointments.

3.7.3. Report changes that may impact exposure to OEH hazards to the appropriate supervisor; actively participate in workplace health hazard identification and health risk assessments, to include wearing sampling/monitoring equipment.

3.7.4. Report to supervisors and medical authority any occupationally related exposures or health conditions, and seek medical care as required.

4. OEH AWARENESS.

4.1. Supervisors, military personnel and DoD civilian employees are responsible for minimizing OEH-related risks.

- 4.2. All medical personnel who examine (or see) patients should be aware of illnesses that have a correlation to OEH exposures. DoD 6055.5-M, *Occupational Medical Examinations and Surveillance Manual*, Appendix 2 has a list of sentinel events related to workplace exposure.
 - 4.3. Workers and other beneficiaries suspected of having OEH-related illnesses will be referred to PH. PH will document and track suspected OEH-related illnesses; Ground Safety will document and track suspected occupational injuries.
 - 4.4. PH will use the OEH-MIS to record, report, and trend OEH illness data. Other tools (e.g. ASIMS) are acceptable tools to use until the OEH-MIS includes all functional requirements.
 - 4.5. BE and PH work cooperatively to complete the OEH illness investigation process.
 - 4.6. PH performs the patient and workplace supervisor interviews.
 - 4.7. BE accomplishes the workplace and environmental health investigation.
 - 4.8. The Installation Occupational and Environmental Medicine Consultant (IOEMC) makes the final determination on the work-relatedness for a suspected OEH-related illness based on information provided by BE and PH.
 - 4.9. The IOEMC will document the decision in the patient's medical records.
 - 4.10. PH will forward occupational illness information to the OSHA 300 log via a web-based reporting system or via OSHA Form 301, *Injury and Illness Incident Report* (or equivalent) to the base safety office for inclusion into the installation OSHA 300 log.
- 5. Scope:** The Aeromedical Council is the final approval authority on the frequency, scope and applicability of occupational health examinations based on recommendations from the Occupational Health Working Group.

RUSSELL L. MACK, Colonel, USAF
Commander, 71st Flying Training Wing

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFMAN 33-363 *Management of Records*

AFI 11-215, *USAF Flight Manuals Program*

AFI 91-301, *Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program*

AFOSH Std 48-9, *Radio-Frequency Radiation (RFR) Safety Program*

Adopted Forms:

AF Form 847, *Recommendation for Change of Publication*

AF Form 2096, *Classification/On-the-Job Training Action*

DD Form 2215, *Reference Audiogram*

DD Form 2216, *Hearing Conservation Data*

OSHA Form 300, *Log of Work-Related Injuries and Illnesses*

OSHA Form 301, *Injury and Illness Incident Report*

Prescribed Forms:

No forms are prescribed by this publication.

Acronyms

71 MDG—71st Medical Group

AAF—Auxiliary Air Field

AFB—Air Force Base

AFMAN—Air Force Manual

AFOSH—Air Force Occupational Safety and Health

AFRIMS—Air Force Records Information Management System

ALARA—As Low As Reasonably Achievable

BE—Bioenvironmental Engineering

BEE—Bioenvironmental Engineering Element

CS—Communication Squadron

DoD—Department of Defense

DOT—Department of Transportation

FHM—Force Health Management

FMP—Flight Manuals Program

FSS—Force Support Squadron

GHz—gigahertz

IAW—In Accordance With

IOEMC—Installation Occupational and Environmental Medicine Consultant

kHz—kilohertz

LRS— Logistics Readiness Squadron

MDG—Medical Group

MDOS—Medical Operation Squadron

MILPDS—Military Personnel Data System

NDI—Nondestructive Inspection

NRC—Nuclear Regulatory Commission

OEH—Occupational and Environmental Health

OEH-MIS—Occupational and Environmental Health-Management Information System

OEHME—Occupational and Environmental Health Medical Examination

OPR—Office of Primary Responsibility

OSS—Operations Support Squadron

PCS—Permanent Change of Station

PH—Public Health

PIMR—Personnel Individual Medical Readiness

RAM— Radioactive Material

RDS—Records Disposition Schedule

RF—Radio Frequency

RIC—Radioisotope Committee

RSO—Radiation Safety Officer

SFS—Security Forces Squadron

SGP—Chief, Aeromedical Services

TLD—Thermoluminescent Dosimeters

TMO—Traffic Management Officer

T.O.—Technical Order

USAF—United States Air Force

VAFBI—Vance Air Force Base Instruction

Examination Codes

<u>ORGANIZATION</u>	<u>EXAMINATION CODE</u>	<u>FREQUENCY</u>
Footnote 1	Footnote 2	
71 OSS/Life Support QAE	M	Baseline/Periodic/Termination
71 CS/Airfield Systems	M	Baseline/Periodic/Termination
71 SFS	M	Baseline/Periodic/Termination
(To include Combat Arms and the Kennel)		
71 OSS/AF QAE	M	Baseline/Periodic/Termination
71 LRS/Fuels QAE	M	Baseline/Periodic/Termination

** The following teams are on the Respiratory Protection Program:

- 71 MDOS Bioenvironmental Engineering Element
- 71 LRS CE Readiness
- 71 LRS CE Readiness Support Team
- 71 FSS Search and Recovery Team
- 71 MDG Tuberculosis (TB) Team
- 71 MDG In-Place Patient Decontamination Capability (IPPDC) Team
- 71 MDG Triage Team
- 71 MDG Manpower Team
- 71 MDG Field Treatment Team
- 71 MDG Patient Treatment Team

Explanation of Examination Code:

M - Used to identify audiometric examinations required for the Hearing Conservation Program.

Footnotes:

1. Facilities not listed do not require any examinations. The potential hazard for facilities not listed is negligible or adequate procedures/mechanical controls and personal protective equipment precludes routine hazardous exposure. Personnel on flying status are not identified because they receive a hazardous noise audiogram during their annual medical examinations for flying status.
2. All shops identified within this attachment require Baseline/Annual/Termination occupational health examinations.